Estimate of Local Fiscal Impact of Mandate: Expenditures

Date:	Mandate Number:
Mandate Typ	e: Compulsory Order
Locality:	County City Town
Name: Phone: E-mail:	Title: Fax:
Estimate of Annual Expenditure Impact. Note that dollar estimates are required only for those mandates that have resulted in a net additional expenditure of \$5,000 or more. If you would like to comment on other impacts of the mandate, see "Other Considerations" below.	
	Estimate of Annual Local Expenditure Impact of Mandate ndate force your locality to incur expenditures that must be covered by local fiscal resources? Choose one of the ee categories:
1.	No Net Expenditure Attributable to Mandate. If no net expenditure, please check one of the following reasons: The mandate does not apply to this locality. The locality does not participate in the discretionary aid program related to this mandate. The locality does not carry out the optional activity regulated by this mandate. Other. (Please explain below.)
3.	Net Additional Expenditure of \$5,000 or more. Provide an actual dollar estimate. Total Annual Capital Costs: Total Annual Operating Costs: State Revenues Received: Federal Revenues Received: Total Annual Cost to Locality: Plus (do not include one-time startup costs.) Minus Equals
Methodology. For a net annual expenditure, explain the method you used to develop your estimate. State any assumptions; cite sources of all data.	
Factors Affecting Expenditure Impact. If you were unable to provide an actual dollar estimate, identify any factors that would influence the expenditure impact of the mandate.	
Other Considerations. If the actual dollar estimate above does not fully express this mandate's effect on your locality, describe any additional "costs" it might impose, such as opportunity costs, marginal costs, long-term or cumulative effects, increased liability, etc.	

Use additional sheets as necessary. However, identify each additional sheet with mandate number and locality.

Phone: 804/371-8010, Fax: 804/786-6508